Under the Paperwork Reduction Act of 1995

	á) P	ATENT	APPLICA	PPLICATION FEE DETERMINATION RECORD								ss it displays a valid OMB control numb				
ŀ	Substitute for Form PTO-875										Application or Docker Number					
		APPLIC	CATION AS FILED - PART I									01	(HED	THAN .		
FOR			NUMBER FILED		(Column 2)		<u> </u>	SMALL ENTITY			OR	SM	ENTITY			
BASIC FEE (37 CFR 1.18(a), (b), or (c))			NUMBER FILED .		NUMBER EXTRA		\dashv	RATE (S) FEE ((2)	٠	RATE	\$)	FEE (\$)		
1:	SEARCH FEE (37 CFR 1.16(10), (1), or (m))				 		\dashv	<u> </u>								
-10	EXAMINATION FEE (37 CFR 1.16(0), (p), or (d))				•		\dashv					<u> </u>	_			
L	TOTAL CLAIMS (37 CFR 1.16(I))		minus 20 =				-			\dashv		·	_			
6	INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 =			•		×	-	'	OR ·	x	=			
1	PPLICATION SE	11	if the specification and			drawings exceed 10		X	┽			× ·	=	:		
IS \$250 (\$125 for small antible																
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).						°		1								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II))										_	ŀ		+			
"If the difference in column 1 is less than Zero, enter "O" in column 2. TOTAL										7	F		\dashv			
		LICATIO		10174	<u> </u>		•	TOTAL	L							
		(Calum						•					_			
AMENDMENT	CLAIMS HI			olumn 2) (Column 3) GHEST			SMAL	LENTITY	_, °	R ┏	OTH SMAL	ER TI LEN	HAN			
	13000	AFTE	R	PRE	IMBER VIOUSLY	PRESENT EXTRA	' .	RATE (\$)	ADDI- TIONAL			RATE (\$)		ADDI-		
	Total (37 CFR 1.16(0)	1.18	. Minu		DFOR	1	- -	25	FEE (S)		L		\perp	TIONAL FREE (\$)		
	Independent (37 CFR 1.18(b))	177	Minu	- 	10	 -/-	- -	$\frac{\sqrt{3}}{2}$	+	OR	Ľ	<u>500</u> -	1			
AME	Application Size Fee (37 CFR 1.16(s))						┨ <i>┞</i>	<u> </u>	 	- OR	×	<u>a(V)</u> =	\perp	1_1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))							IRA	1-1-	٦.	-	260	+-	 		
-	Dec								 	OR		3 OU	╀-	 		
	Rec	Column		(Co	dumn 2)	(Column 3)	. :	DO'L FEE		J OR	A	DOL FEE	<u>_</u>			
8	3/11/2	CLAIM REMAIN	NG	HIG	HEST MBER	PRESENT	7	RATE (S)	4504	7						
AMENDMENT	Total	AFTE	ENT		OUSLY	EXTRA	$\ \ $	MATE (9)	ADDI- TIONAL FEE (\$)			RATE (\$)		ADDI- IONAL		
N O	(37 CFR 1.18(1)	19	Minus	- 6	23	2		•	FEE (\$)	1			<u> </u>	E E (\$)		
	Application C		. Minus	- 4	U X	-		=		OR	ř	-	5	-		
₹	Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))									OR	ř	266-	26	·D		
	- INVITABLE ATA	CHON OF MU	I L			OR										
			An	TAL D'L FEE		OR	TO	TAL	******							
about FEE ADout FEE ADout FEE ADout FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".																
	if the "Highest No The "Highest Nur	imber Previou nber Previou	ously Paid For	IN THIS S	PACE IS	less than 3, e	enter "20 nter "3".	r.		•				· •		

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Institution of In

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.